		(Column 1)	אתון		·	10/606,938
,	6ASIC FEE (37 CFR 1.16(a))	NUMBER FILED	(Calumn 21 NUMBER EXTRA	SMALL ENTITY	OR .	OTHER THAT SMALL ENTITY
٠٠٠ ر	TOTAL CLAIMS (37 CFR 1.16(c)) INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 20 =		RATE FEE s x s 25 =	OR	RATE FE
	MULTIPLE DEPENDENT CL	AIMPRESENT (37 CFR	1.16(d))	x s 100 + s 180	OR X.S.	200 200 360
	N/E	S AS AMENDED - PAR	SL 11	TOTAL		DTAL .
	Total AMEN AMEN AMEN AMEN AMEN AMEN AMEN AMEN	AIMS HIGH	5	SMALL ENTITY RATE ADDITIONAL FEE x s 25 = x s 100 =	OR x s 50	TIONIL FEE
AMENDMENTO	COlumn CLAII REMAIN AFTE AMENDN Total DI GRA I. Iquil Independent GI CRA I. Iquil	AS A	On 21 (Column 3) ST ER PRESENT SLY EXTRA	RATE ADDITIONAL FEE	OR x s 200 OR + s 310 OR TOTAL ADD'L FEI	
0	(Column 1	(Column 2	2) (Caluma 3)	+ s 180 = C	OR $\times 50$ = $\times 500$ = $\times 5200$ = $\times 5200$ = $\times 500$ =	
AMENDMENT	Total UT OFR LIGGII Indépendent UT OFR LIGGII	G HIGHEST	PRESENT EXTRA	RATE AODI. TIONAL FEE	RATE	ADDI- TIONAL FEE
	FIRST PRESENTATION OF MULT	IPLE DEPENDENT CLAM (31 (CFR t.t6(d))	s 100 OR OR OR S 180 OR	250	
# (This coll USP 10	If the entry in column 1 is less in the "Highest Humber Previous" (the "Highest Number Previous the "Highest Humber Previous the ction of information is required properties.	than the entry in column 2, wi sly Paid For th THIS SPACE sly Paid For th THIS SPACE y Paid For Motal or Independ	AD Tile 10 in column 3. E is less than 20. enter 20. Is less than J. enter 3. Gentl is the biot.	O'L FEE OR	TOTAL ADO'L FEE	5

+ "" (If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is founding gathering, preparing, and submitting the completed application form to the USPTO, Time will vary depending upon the individual range of the provided this form and/or suggestions for reducing this burden, should be sent to the Chief Information of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS